

**BABSON COLLEGE**  
**2013-2014 STUDENT HEALTH INSURANCE PLAN**  
**DEPENDENT ENROLLMENT FORM**

You may enroll your eligible dependents in the plan ONLY if you are enrolled in the plan yourself. The student premium will be included on your tuition bill. Payment for dependent premium must be made by check or money order. Checks must be made payable to: UNIVERSITY HEALTH PLANS and sent to:

UNIVERSITY HEALTH PLANS  
One Batterymarch Park  
Quincy, MA 02169-7454

Enrollment Deadline – September 16, 2013

Student's Name: \_\_\_\_\_  
Student ID# \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Gender: \_\_\_\_\_  
Spouse DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_  
Child's DOB: \_\_\_\_\_

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Child's DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_  
Child's DOB: \_\_\_\_\_

**DEPENDENT PREMIUM:**

**(8/10/13-8/09/14)**

- Spouse - \$7,005**
- Child(ren) - \$3,505**
- Family - \$10,510**

Please contact University Health Plans at [info@univhealthplans.com](mailto:info@univhealthplans.com) or (800) 437-6448 if you have any questions.